

Fill in this information to identify the case:

Debtor 1 Puerto Rico Buildings Authority jointlu w/ Common, of PR  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_ Puerto Rico \_\_\_\_\_  
Case number 17-03283

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JUL 29 2020

PRIME CLERK LLC

Official Form 410

Proof of Claim

[ ] Date Stamped Copy Returned  
[ ] No Self-Addressed Stamped Envelope  
[X] No Copy Provided

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	Unión de Empleados de Oficina de AEP on behalf of <i>bargaining unit employees</i> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  Roberto O. Maldonado-Nieves Name 344 Street #7 N.E. Office 1-A Number Street San Juan, Puerto Rico 00920 City State ZIP Code Contact phone 787-782-3221 Contact email romn1960@gmail.com	<b>Where should payments to the creditor be sent? (if different)</b>  Unión de Empleados de Oficina de AEP Name P.O. Box 40820 Estación Minillas Number Street San Juan, Puerto Rico 00940 City State ZIP Code Contact phone 787-307-6334 Contact email ueopaep@gmail.com
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Filed on *MM / DD / YYYY*



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☒ No  
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim? \$ 25,000.00 Does this amount include interest or other charges?  
☐ No  
☒ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.

*Refusal of P.B.A. to certify overtime hours  
of Purchaser office employees*

9. Is all or part of the claim secured? ☒ No  
☐ Yes. The claim is secured by a lien on property.  
**Nature of property:**  
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
☐ Motor vehicle  
☐ Other. Describe: \_\_\_\_\_

**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ \_\_\_\_\_

Amount of the claim that is secured: \$ \_\_\_\_\_

Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_

Annual Interest Rate (when case was filed) \_\_\_\_\_ %

☐ Fixed  
☐ Variable

10. Is this claim based on a lease? ☒ No  
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff? ☒ No  
☐ Yes. Identify the property: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☐ No

☒ Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$3,025\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☒ Wages, salaries, or commissions (up to \$13,650\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ N/A

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

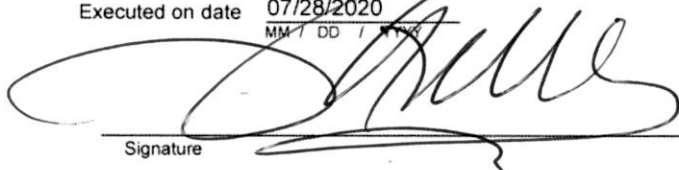
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/28/2020

MM/DD/YYYY



Signature

Print the name of the person who is completing and signing this claim:

Name Roberto O. Maldonado-Nieves  
First name Middle name Last name

Title Attorney

Company Roberto O. Maldonado-Nieves  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 344 Street #7 N.E. Office 1-A  
Number Street

San Juan, Puerto Rico 00920

City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



Attachement to Proof of Claim by Unión de Empleados de Oficina y Profesionales de la Autoridad de Edificios Públicos on behalf of employees of purchase office.

Refusal by PBA to certify overtime of employees of purchase office. Case A-20-274. The claim is subject to an arbitration hearing. Amount in pay due is estimated in \$25,000.00 accumulating interest at 6% per year plus legal fees t at a rate of 25% of any award in addition to all of the penalties provided by the Collective Bargaining Agreement.

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PACKAGE LABEL

COMMERCIAL INVOICE LABEL

DELIVERY RECORD LABEL

DELIVERY RECEIPT LABEL

**1 From**  
 Date 7/20/2020 Sender's FedEx Account Number  
 Sender's Name Johann Munoz Phone  
 Company CITY TOWERS  
 Address 250 Ponce de Leon Ave.  
 Address Suite 503  
 City Hartley State PR  
 Country ZIP Postal Code 00918  
 Email Address  
 Internal Billing Reference 1845-0002 **74 # of CLAIMS**

**2 To**  
 Recipient's Name PRIME CLERK Phone 7122574169  
 Address  
 Address 850 3RD AVE STE 412 Dept/Floor  
 City BROOKLYN State NY  
 Country US ZIP Postal Code 11232  
 Email Address  
 Recipient's Tax ID Number for Customs Purposes

**3 Shipment Information**  
 Total Packages 1 Total Weight 2 lbs. kg DIM 1 in. cm  
 Shipper's License and Country SLAC  
 Commodity Description Doc's Harmonized Code USA Country of Manufacture NCV Value for Customs  
 Has ESI been filed in AES? ☐ No ESI required, value \$2,500 or less per Sh. B Number, no license required (NLR), not subject to ITR. Total Declared Value for Carriage NCV Total Value for Customs (Specify Currency) NCV  
 For U.S. Export Only: Check One ☐ No ESI required, enter exemption number: ☐ If other than NLR, enter License Exception:



FedEx Tracking Number 8135 9267 1131 0402 Form ID No.

**4 Express Package Service**  
 NOTE: Service order has changed. Please select carefully.

**5 Packaging**  
☐ FedEx Intl. First ☐ FedEx Intl. Priority ☐ FedEx Intl. Economy  
☐ FedEx Envelope ☒ FedEx Pak ☐ FedEx Box ☐ FedEx Tube  
☐ FedEx 10kg Box ☐ FedEx 25kg Box ☐ Other

**6 Special Handling and Delivery Signature Options** Fees may apply  
☐ HOLD at FedEx Location ☐ SATURDAY Delivery  
☐ Direct Signature (Someone at recipient's address may sign for delivery.) ☐ Indirect Signature (If no one is available at recipient's address, someone at a neighboring address may sign for delivery, residential deliveries only.)

**7 Payment** Complete payment options for local transportation charges and duties  
 Bill transportation charges to:  
☐ Sender (Acct. No. in Section 1 will be billed.) ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash Check/Cheque  
 FedEx Acct. No. 9095-A996-7  
 Bill duties and taxes to:  
☐ Sender (Acct. No. in Section 1 will be billed.) ☐ Recipient ☐ Third Party ☐ Cash Check/Cheque  
 FedEx Acct. No.

**8 Required Signature**  
 Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and you represent that this shipment does not require a U.S. State Department License or contain dangerous goods. Certain international treaties, including the Warsaw or Montreal Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract.  
 WARNING: These commodities, technology, or software were exported from the United States in accordance with Export Administration Regulations. Diversion contrary to U.S. law prohibited.  
 Sender's Signature: Johann Munoz  
 Received above shipment in good order and condition. We agree to pay all charges, including Customs duties and taxes as applicable, and we agree to the Conditions of Carriage as stated on the reverse side of the Recipient's Copy.  
 Recipient's Signature: [Signature]

Origin Station ID	Country Code/Destination Station ID	URSA Routing	Handling Units
<u>SIG</u>	<u>FBT</u>	<u>X1FBT</u>	<u>1</u>
Received At: <u>1</u> Reg. Stop <u>2</u> On-Call Stop <u>3</u> Drop Box <u>4</u> World Service Center <u>5</u> Station	Forms Attached: <input type="checkbox"/> CI <input type="checkbox"/> CO		
Base Charges FedEx Emp. # <u>60307</u>	Declared Val. Chrg. Module Emp. # <u>7/20</u>	DDA/OPA Time <u>180</u>	Credit Card Auth. Date _____ Time _____

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JUL 31 2020

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